

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 DEC 17 AM 8:08
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

If You Believe PAC

ADDRESS (number and street)

2854 State Route 61

☐

(Check if address
is changed)

Norwalk

OH

44857

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

dick@slrimaging.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.ifyoubelievePAC.org

2. DATE

08th ' 13th ' 2010

3. FEC IDENTIFICATION NUMBER

C 000487934

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joy M. Downing

Signature of Treasurer

Joy M. Downing

Date

12th ' 10th ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

Candidate Committee:

- Name of Candidate

Office:
Sought:

Senate

President

District

- Name of
-
- Candidate

(d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

[illegible]

Write or Type Committee Name

If You Believe PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Victor K. Mooney

Mailing Address

47 W. Williams St.

Milan

OH

44846

Title or Position

CITY

STATE

ZIP CODE

Secretary

Telephone number

419

499

2086

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Joy M. Downing

Mailing Address

4606 Old State Rd, N.

Norwalk

OH

44857

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

419

668

8749

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐

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Date of Receipt

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USPS First Class Mail

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12/10/14

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USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

☐☐

USPS Express Mail

Postmarked

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Postmark Illegible

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No Postmark

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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

Jm13

PREPARER

(3/2005)

12/17/14

DATE PREPARED

12030981904